

Request for Nominations for the Louisiana Asthma Surveillance



Collaborative Member/Nomination Form



The Department of Health and Hospitals' Louisiana Asthma Management and Prevention (LAMP) Program and The Louisiana Asthma Surveillance Collaborative (LASC) are seeking help to identify individuals and organizations to assist the statewide working in improving the quality of life and space of Louisianans of all ages living with asthma. The Louisiana Asthma Management and Prevention Program is working through a funding opportunity from the Centers for Disease Control and Prevention (CDC) to implement data-driven evidence based strategies around community outreach, education, and advocacy that will decrease the burden of asthma while eliminating asthma related health disparities.

The nomination process allows individuals to nominate or self-nominate and the selection criteria will ensure diversity and statewide representation on the Louisiana Asthma Surveillance Collaborative. Persons can serve on the LASC as well as their regional coalition to assist the state in addressing asthma from a public health perspective at the grassroots level.

Nominees can be a representative any of the following, including:

- Person Living With Asthma
- Caretaker/Parent of Person Living With Asthma
- School District Personnel
- School Administrator, Faculty, or Staff
- School Nurse
- Adolescent School Based Health Center Staff
- State Agency Representative
- Nonprofit Organization
- Healthcare Provider
- Nurse (NP, RN, LPN)
- Allied Health Professional (AE-C, RT, Pulmonologists)
- Medical Society or Professional Health Organization
- Experts in intervention with specific populations
- Staff at community based-organizations
- Religious and/or Grassroots organizations
- State or local government staff
- Experts in tobacco control

Nominees should identify which geographic area they reside and serve in one or more of the regions listed on page 2.

Instructions – Please complete the attached Nomination Form for individuals who meet the following criteria:

Louisiana Asthma Management and Prevention (LAMP) Program
Member Nomination Form



Nominees Information

Name of Nominee: Ann Kay Logarbo, M.D.

Is this a self-nomination? ☐ Yes ☒ No

If No, LASC Member Providing Nomination: Mark A. Perry, Chair LASC

Phone: (504) 849-3539 fax: 1-866 -883-4673

Employer: United Healthcare

Title CMO, Community Plan

Company Address: 3838 N. Causeway Blvd, Suite 3225/Metairie, LA

Parish: Jefferson Zip: 70002

Email Address: a_logarbo@uhc.com

Please check the option listed below that the nominee belongs to or is a member of: *Check all that apply*

- | | |
|---|--|
| <input type="checkbox"/> Person Living With Asthma | <input type="checkbox"/> Healthcare Provider |
| <input type="checkbox"/> Caretaker/Parent | <input type="checkbox"/> Nurse (NP, RN, LPN) |
| <input type="checkbox"/> School District Personnel | <input type="checkbox"/> Allied Health Professional |
| <input type="checkbox"/> School Administrator, Faculty, Staff | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> Medical Society |
| <input type="checkbox"/> Adolescent School Based Health | <input type="checkbox"/> Public Health Institute |
| <input type="checkbox"/> Staff at Community Based Organization | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Religious and/or Grassroots organization | <input type="checkbox"/> External State Agency Partner |
| <input type="checkbox"/> State or Local Government Staff | <input type="checkbox"/> Experts in Tobacco Control |
| <input type="checkbox"/> Environmentalist | <input type="checkbox"/> Head start |
| <input type="checkbox"/> Experts in interventions with specific populations | |
| <input type="checkbox"/> Advocacy Group | |
| X Other <u>Bayou Health Plan</u> | |

Please check the geographic location that the nominee domiciles in and serves: *Check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Region 1 (New Orleans) | <input type="checkbox"/> Region 6 (Alexandria) |
| <input type="checkbox"/> Region 2 (Baton Rouge) | <input type="checkbox"/> Region 7 (Shreveport) |
| <input type="checkbox"/> Region 3 (Houma) | <input type="checkbox"/> Region 8 (Monroe) |
| <input type="checkbox"/> Region 4 (Lafayette) | <input type="checkbox"/> Region 9 (Slidell/Hammond) |
| <input type="checkbox"/> Region 5 (Lake Charles) | <input checked="" type="checkbox"/> Statewide |

Specific population(s) nominee has experience (work-related or non work-related) with: *Check all that apply*

- | | |
|---|---|
| <input checked="" type="checkbox"/> African Americans | <input checked="" type="checkbox"/> People with Less Than and High School Diploma |
| <input type="checkbox"/> Louisiana American Indians | <input checked="" type="checkbox"/> People with Low Incomes |
| <input type="checkbox"/> Asian/Pacific Islanders | <input checked="" type="checkbox"/> Underinsured |
| <input checked="" type="checkbox"/> Hispanic/Latino | <input checked="" type="checkbox"/> Uninsured |
| <input type="checkbox"/> Over 50 Population | <input type="checkbox"/> Other, _____ |

Please describe the experience of the nominee and reason for nomination, and/or other information that you believe would be helpful to our nominating committee.

Please return form to: ***Mark Perry, MPA***
Program Manager
Louisiana Asthma Management and Prevention Program
Email: mark.perry@la.gov
225-342-5839 Fax

Note: It is acceptable to nominate yourself.